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ABSTRACT

A study involving 60 university students in teacher training investigated the difference between individuals with high and low attitude acceptance toward the handicapped in relation to social adjustment. Ss were administered the Is of Identity test (IOI) to obtain measures of social-personal adjustment and the Attitude Toward Handicapped Individuals scale (ATHI). Although findings showed that there was significant difference between high and low scoring ATHI groups in social adjustment, both high and low ATHI groups scored high on the IOI. Evidence suggested that the notion of maladjustment for rejecting Ss (low ATHI scorers) could not be sustained, and further research should use both handicapped and nonhandicapped samples and should consider different criteria for measuring adjustment. (SB)

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A STUDY OF ATTITUDE ACCEPTANCE AND SOCIAL ADJUSTMENT

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In any large social or professional group one can expect to find individuals ranging in a continuum from those who are considered "well adjusted" to those who are considered "maladjusted." It must be realized that the division of persons into such groupings is generally arbitrary. The operational definitions of the critical terms involved would be reflected in the nature of the instrumentation used to measure such appropriate and inappropriate adjustment.

The Is of Identity test (IOI) was developed by Weiss (1954) and is reported to give a satisfactory indication of social adjustment or maladjustment. The major purpose of the IOI test is to measure one very important underlying reason for a person's lack of satisfactory adjustment, the use of language or language patterns of a structure dissimilar to the structure of the nonverbal world, and the unawareness of this dissimilarity. It is the dissimilarity that causes the individual to make misevaluations about his immediate world that can lead to consequent maladjustment.

This study investigated the difference between individuals with high attitude acceptance toward the handicapped versus individuals with low attitude acceptance toward the handicapped on a second test that measured the attitude holder's social adjustment. It was assumed that persons who demonstrated high attitude acceptance toward the handicapped would also rank high in their own social adjustment as measured by the IOI test. In contrast, those who demonstrated low attitude acceptance of the handicapped would reveal "maladjustment" or low social adjustment scores as measured by the IOI.

The criterion instrument for measuring attitudes toward the handicapped was the Attitude Toward Handicapped Individuals scale (ATHI) developed by Lazar in 1973.

Two basic questions were to be answered by the results of this study: (1) can two distinct attitude groups be identified on a continuum using the ATHI scale ? and (2) will high attitude acceptance scores reflect high social adjustment, while low attitude

acceptance scores reveal low adjustment scores or maladjustment ?

METHOD & PROCEDURE:

Subjects: The sample was drawn from a pool with over five hundred subjects that had been tested with both criterion instruments over the past several years as part of a major and long range attitude study. Sixty university students in teacher training were used. Thirty with the highest ATHI scores and 30 with the lowest ATHI scores were randomly selected from the extremes of the attitude continuum. A table of random numbers was used to equalize the two groups. The low ATHI group consisted of individuals with scores below 70 while the high group consisted with those having a score of 100+. The low group had a score range of 25 to 64, while the high group a range of 100 to 112. The total range possible on the ATHI is from 0 to 120. Lazar (1973) has indicated that a score of 70+ might be indicative of acceptance, whereas below would tend to support notions of rejecting the handicapped.

Procedure: Some aspects of this section was included in the previous discussion on subjects. Both the ATHI and IOI test were administered as group tests to sixteen classes over a three year period by four graduate student assistants. Uniform procedures for administering and scoring the instruments were observed by all. Administration required about 35 to 50 minutes per class.

Instruments: Two instruments measuring different aspects of human attitudes and feelings were utilized in this study. These differing but highly related attitudes included views toward the acceptance or rejection of handicapped individuals, and the current social-personal adjustment of the subject holding such attitudes toward the handicapped.

(1) ATHI scale: This is a 20-item Likert type scale that is basically a modification of the ATDP scale (Attitudes Towards Disabled Persons scale) that was developed by Yuker, Block, and Youngg (1966) but with modifications by Lazar (1971, 1973). Modification involved the changing of the term "disabled" to read "handicapped." The ATHI's basic function is to measure

attitudes of acceptance and rejection toward the handicapped by non-handicapped persons. It might be appropriate at this time to indicate that a study is now in process to gain ATHI norms with a handicapped sample at the university level.

The possible range of score for the ATHI is 0 to 120, with scores of 70 or higher indicating greater acceptance, whereas below 70 or lower indicating some degree of rejection. Each item of the 20 items is rated on a six point scale as shown below:

- 3 - I disagree very much
- 2 - I disagree pretty much
- 1 - I disagree a little
- +1 - I agree a little
- +2 - I agree pretty much
- +3 - I agree very much

A product-moment correlation of .80 between the ATHI and the ATDP (Form 0) and a coefficient of stability (test-retest over a two week period) of .73 for the ATHI have been reported (Stodden, Graves, and Lazar, 1973). Both findings were statistically significant at the .01 level.

In a more recent study, Lazar and Denham (1974) have reported Pearson product moment correlations between the ATHI and ATDP scales as listed below:

<u>GROUP</u>	<u>N</u>	<u>r</u>
A. <u>Major:</u>		
Elementary Education	25	.81
Special Education	25	.76
Instructional Media	25	.92
Secondary Education	25	.76
Educ. Administration	25	.75
Liberal Arts	25	.92
B. <u>Sex:</u>		
Males	62	.85
Females	88	.80
C. <u>Total Group:</u>	150	.83

The findings of this study as to sex and total group compares closely to that of the Stodden, Graves, & Lazar (1973) finding. No explanation can be offered at this time as to the wide range between majors, which was 76 to 92. One note of caution should be indicated in that a very small N is used by major.

(2) IOI test: This is a 100 item, true, false, or undecided response instrument to measure social adjustment was developed by Weiss (1954) a strong

general semantic advocate. The range of scores can be from zero to 100, with the norm range for the average adjusted person between 40 and 60. The higher scores on the IOI indicate effective social adjustment, while conversely, scores below 40 indicating adjustment difficulty or "maladjustment."

The author of the IOI reported a .94 coefficient of reliability using a split-half technique. Lazar and Ernandes (1973) obtained a rank correlation of .34 between the IOI and ATDP. They used a sample size of 105 subjects, and their finding was significant at the .001 level.

Treatment of Data: The independent mean t test was used to statistically treat all data.

RESULTS:

The purpose of this study was to answer two basic questions: (1) can two distinct attitude groups be identified on a continuum using the ATHI scale to locate and place individuals into two groups ? and (2) will high attitude acceptance reflect high social adjustment, while low attitude acceptance scores

also reflect low adjustment scores ?

A study of Table 1. reveals the existence of two distinct attitude groups as identified with the ATHI scale. The Hi group was comprised of those individuals obtaining a score of 100+ on the ATHI, while those placed in the Lo group scored below 70. The mean comparison between the two groups yielded a t -of 27.26 that was statistically significant at the .001 level. This result justified the reason for wanting to make the second comparison between the Hi and Lo groups on the IOI for social adjustment.

In Table 2. a significant difference was found between the Hi and Lo ATHI groups as to their social adjustment at the .001 level. Thus, part of the second research question is answered in that those who scored high on the ATHI also scored high on the IOI. This tends to support the assumption that acceptance of others and one's own social adjustment relate strongly with each other. The second part of the basic question was answered differently than expected in that the Lo ATHI group members also scored high in their social

adjustment as measured by the IOI, whereas it was assumed that they might score low to reflect their low acceptance of others. While a significant difference between Hi and Lo ATHI groups was found, the fact that they both scored high on the IOI might well reflect upon the norm range of the IOI instrument. Still another reason might be found in the dynamics and complex relationship that exists between how one views others with difficulty and how one views his own adjustment problems. Part of this might be answered if a future study was conducted using a sample of handicapped individuals who scored low on the ATHI and others who scored high, to see how their IOI scores would reflect social adjustment? It is questionable if further speculation as to the latter finding would be fruitful.

CONCLUSIONS:

Further research is needed to ascertain if these findings would hold true for sex, age, educational level, and other critical variables, when using the IOI and ATHI. An additional dimension would be to

include samples of both handicapped and non-handicapped subjects. A final recommendation would be to also add other instruments that purport to measure social adjustment to see how they would correlate with the IOI.

It was found that the ATHI was an effective instruments for the identification of distinct attitude groups on a continuum of acceptance/rejection. While a significant difference was found in adjustment between the two groups as initially assumed, the notion of "maladjustment" for those rejecting or in the Lo ATHI group could not be sustained, in that as a group they ranked above average like the Hi ATHI group. Again, this might be attributed to the nature of the IOI norm range of 40 to 60 as being an average range for adjustment. Any further studies or efforts at replication should take this factor into serious consideration and include other instruments for the measurement of adjustment.

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TABLE 1.

Mean Comparison Between Hi and Low
ATHI Groups

ATHI GROUP	N	ATHI \bar{X}	s.d.	df	t	p
Hi Group	30	104.97	3.61	58	27.26	.001
Lo Group	30	54.00	9.59			

$p < .001$ 58,3.67

TABLE 2.

Mean Comparison Between IOI Scores
For Adjustment

ATHI	N	IOI \bar{X}	s.d.	df	t	p
Hi Group	30	84.50	10.43	58	3.74	.001
Lo Group	30	70.30	18.03			

$p < .001$ 58,3.67